



**To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee of \$50.00. Checks should be payable to: "Indiana Professional Licensing Agency".**

**«LICENSE\_TYPE»**

Print Full Name and Address          Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.  I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal and have answered the questions true to the best of my knowledge.	Print License Number	Required CE Hours *** See below	Date Expires 12/31/2012	Renewal Fee \$50.00	
	<b>SINCE YOU LAST RENEWED:</b> (if yes to any question, attach details of action taken)				
	1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined <i>or</i> are formal charges pending?		YES	NO
	2.	Have you been denied a license, certificate, registration, or permit in any state?		YES	NO
	3.	Have you been convicted of or pled guilty to a violation of a federal or state law <i>or</i> are criminal charges pending?		YES	NO
	4.	Have you had a malpractice judgment against you or settled a malpractice action?		YES	NO
	5.	Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?		YES	NO
Signature Of Applicant (respond Yes or No to all questions)		Date Signed	Phone #		
Make Check Payable To <b>Professional Licensing Agency</b>	Print Email		<b>Include \$50.00 late fee if postmarked after 12.31.2012.</b>		

- IF YOU ANSWERED "YES" to any of the questions above, you must provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from Attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.
- **\*\*\*Continuing Education (CE) Requirements:** CE requirements are viewable online at <http://www.in.gov/pla/athletic.htm>.
- **Online renewal information:** Your login ID is your primary license number and your password is the last four digits of your social security number. You can update your address and other demographic information during the renewal or any other time by logging in to your records online. Renew online at [www.pla.in.gov](http://www.pla.in.gov) - use **License Express** option.
- **Late renewals:** If you renew after December 31, 2012, you must pay a \$50.00 late fee in addition to the standard renewal fee. **There are no exceptions.**
- **Name changes:** Name change requests must be made in writing – include a copy of a legal name change document (marriage license, divorce decree, or other Court Order establishing legal name) and mail to the address above. Be sure to include your license number.
- **Pocket cards:** The Indiana Professional Licensing Agency no longer issues pocket license cards at license renewal. If you need to purchase a new pocket card, you may do so online at [www.pla.in.gov](http://www.pla.in.gov). Walk-in customers will not be issued cards. Please note that permanent pocket license cards no longer feature expiration dates, although a card with an expiration date can also be purchased online.
- If you have questions, contact the Indiana Athletic Trainers Board by email at [pla5@pla.in.gov](mailto:pla5@pla.in.gov) or by phone at (317) 234-2064.